APPLICATION FOR NEW COURSE

1. Submitted by College of ____________________________ Date __________
   Department/Division offering course ____________________________
   Department of Historic Preservation ____________________________

2. Proposed designation and Bulletin description of this course
   a. Prefix and Number : HP 748
   b. Title* Master's Project Research
      *NOTE: If the title is longer than 24 characters (including spaces), write
      A sensible title (not exceeding 24 characters) for use on transcripts

   c. Lecture/Discussion hours per week ____________________________
   d. Laboratory hours per week ____________________________
   e. Studio hours per week ____________________________
   f. Credits 0 ____________________________
   g. Course description
      Half-time to full-time work on Master's Project.

   h. Prerequisites (if any)
      All course work toward the degree must be completed.

   i. May be repeated to a maximum of _______ (if applicable)

4. To be cross-listed as
   Prefix and Number ____________________________
   Signature, Chairman, cross-listing department ____________________________

5. Effective Date Spring 2006 (semester and year)

6. Course to be offered ☒ Fall ☒ Spring ☒ Summer

7. Will the course be offered each year? ☒ Yes ☐ No
   (Explain if not annually)

8. Why is this course needed?
   To continue to allow students access and privileges of the university as they pursue their research agendas.

9. a. By whom will the course be taught? DGS ____________________________
   b. Are facilities for teaching the course now available? ☒ Yes ☐ No
      If not, what plans have been made for providing them?
APPLICATION FOR NEW COURSE

10. What enrollment may be reasonably anticipated? Less than ten students per year.

11. Will this course serve students in the Department primarily? ☑ Yes ☐ No

Will it be of service to a significant number of students outside the Department?
If so, explain.

☐ Yes ☑ No

12. Will the course serve as a University Studies Program course? ☑ Yes ☐ No

If yes, under what Area?

13. Check the category most applicable to this course

☒ traditional; offered in corresponding departments elsewhere;
☐ relatively new, now being widely established
☐ not yet to be found in many (or any) other universities

14. Is this course applicable to the requirements for at least one degree or certificate at the University of Kentucky? ☐ Yes ☑ No

15. Is this course part of a proposed new program?
If yes, which?

☐ Yes ☑ No

16. Will adding this course change the degree requirements in one or more programs?* ☑ Yes ☐ No
If yes, explain the change(s) below

17. Attach a list of the major teaching objectives of the proposed course and outline and/or reference list to be used.

18. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted. ☐ Check here if 100-200.

19. If the course is 400G or 500 level, include syllabi or course statement showing differentiation for undergraduate and graduate students in assignments, grading criteria, and grading scales. ☐ Check here if 400G-500.

19. Within the Department, who should be contacted for further information about the proposed course?
Name  Clyde Carpenter
Phone Extension  7-3651

*NOTE: Approval of this course will constitute approval of the program change unless other program modifications are proposed.
APPLICATION FOR NEW COURSE

Signatures of Approval:

Department Chair

Dean of the College

10.05.06

Date

(11/01) 05

Date

Date of Notice to the Faculty

*Undergraduate Council

Date

*University Studies

Date

*Graduate Council

Date

*Academic Council for the Medical Center

Date

*Senate Council (Chair)

Date of Notice to University Senate

*If applicable, as provided by the Rules of the University Senate

ACTION OTHER THAN APPROVAL

Rev 3/04